

APPENDIX D
“RANDOM WASTE SCREENING FORM”

GENERAL INFORMATION (completed by transporter or landfill personnel)

Date & Time : _____

Transporter Name : _____

License Plate No. : _____

Drivers License No. : _____

Source of Waste : _____

Waste Description : _____

INSPECTION OBSERVATIONS (completed by landfill personnel)

Hazardous waste labels or placards ? YES / NO

PCB transformers, labels or placards ? YES / NO

Lead-acid batteries ? YES / NO

Unrinsed pesticide containers ? YES / NO

Bulk or containerized liquids ? YES / NO

Free liquids present ? YES / NO

Sludges, pastes or slurries ? YES / NO

Powders, dusts, smoke or vapors ? YES / NO

Petroleum odors ? YES / NO

Unusual odors ? YES / NO

Other suspicious conditions ? YES / NO

If YES, describe : _____

Photos Taken ? YES / NO (attach when available)

Will the wastes pass the Paint Filter Liquids Test ? YES / NO

Waste Accepted ? YES / NO

If NO, complete information of the back of this form

Signature (landfill personnel)

Date

WASTE REJECTION INFORMATION (completed by landfill personnel only if waste is rejected)

Why was the waste rejected ?

What happened to the rejected waste ? (who took it where?)

Who was contacted at the SHWD ?

Time : _____ AM / PM

Date : _____

ORIGINAL : Facility Records
COPY : Generator or Transporter
: SHWD (only if waste rejected)